

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/980216

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5		/		/		
6		2		/		
7		2		/		
8		/		/		
9		0		/		
10	/		/			
11	/		/			
12		2		/		
13	/		/			
14		/		/		
15		2		/		
16		0		/		
17		0		/		
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TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	19	←	16	←		←
TOTAL CLAIMS	25		22			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS